

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 02-29	2. STATE: Minnesota
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION §1915(g) of Title XIX		7. FEDERAL BUDGET IMPACT: a. FFY '03 \$165 b. FFY '04 \$1058 <i>JS</i>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A, preprint page 8, p. 64, Supplements 1, 1a, 1b, 1c, 1d Att. 3.1-B, preprint page 7, p. 63, Supplements 1, 1a, 1b, 1c, 1d Att. 4.19-B, pp. 56, 61-76 <i>pages withdrawn 9/18/03</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 3.1-A, preprint page 8, p. 64, Supplements 1, 1a, 1b, 1c Att. 3.1-B, preprint page 7, p. 63, Supplements 1, 1a, 1b, 1c Att. 4.19-B, pp. 56, 61-75	
10. SUBJECT OF AMENDMENT: Services: Home care targeted case management services <i>Special Tuberculosis Related Services</i>			
11. GOVERNOR'S REVIEW (Check One):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Mary B. Kennedy</i>		16. RETURN TO: Stephanie Schwartz Federal Relations Unit Minnesota Department of Human Services 444 Lafayette Road No. St. Paul, MN 55155-3852	
13. TYPED NAME: Mary B. Kennedy			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: <i>December 19, 2002</i>			

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/23/02	18. DATE APPROVED: <i>March 3, 2003</i>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>January 1, 2003</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Minnie Hard-Grippe, Acting</i>
21. TYPED NAME: Cheryl A. Harris	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health

DML: IL/IN/ON

STATE: MINNESOTA
Effective: January 1, 2003
TN: 02-29
Approved:
Supersedes: 02-04

ATTACHMENT 3.1-A
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19. • Case management services:

Provided with limitations identified in Supplements 1 through 1c to this Attachment.

- Special TB-related services under Section 1902(z)(2)(F) of the Act.

The direct observation of the intake of prescribed drugs by outpatient recipients as described in item 6.d.B.

19. • Case management services:

Provided with limitations identified in Supplements 1 through 1c to this Attachment.

- Special TB-related services under Section 1902(z)(2)(F) of the Act.

The direct observation of the intake of prescribed drugs by outpatient recipients as described in item 6.d.B.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2003

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TN: 02-29

Approved:

Supersedes: 02-04

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19. • Case management services as defined in, and to the groups specified in, Supplements 1 through 1c to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

See items 19.a. through 19.d.

- Special TB-related services under section 1902(a)(2)(F) of the Act.

Payment for direct observation of the intake of prescribed drugs by outpatient recipients is paid using the same methodology as item 6.d.B., Public health nursing services.